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RESEARCH ARTICLE

Nonmelanoma skin cancers of the lips in Iraqi population

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Abstract

BACKGROUND: The lips cancers are a not uncommon, but often overlooked site for Nonmelanoma skin cancers (NMSC), including the two most common skin cancers; basal cell carcinoma and squamous cell carcinoma (BCC and SCC). Most frequently occurring in fair-skinned males over the age of 50, male are 3-13 times more likely to develop lip cancers, likely due to occupation-related sun exposure combined with greater tobacco and alcohol use.^{1,2,3}

OBJECTIVE: To provide information about the NMSCs of the lips in Iraqi population in last 10 years.

CONCLUSION: SCC was the only cancer that has been effect the lower lip this is commonly preceded by solar keratosis in Iraqi population. It diseases of male than female there are commonly outdoor workers mainly farmers.

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INTRODUCTION

The lips cancers are a not uncommon, but often overlooked site for Nonmelanoma skin cancers (NMSC), including the two most common skin cancers, basal and squamous cell carcinoma (BCC and SCC). Most frequently occurring in fair-skinned males over the age of 50, males are 3-13 times more likely to develop lip cancers, likely due to occupation-related sun exposure combined with greater tobacco use (pipe smoking and chewing) and alcohol consumption^{1,2,3}. The lower lip is approximately 12 times more likely to be affected, owing to its greater exposure to sunlight.³ Large epidemiological studies have shown that up to 95 percent of NMSCs on the lower lip are SCCs⁴. Lip cancer also has been associated with immunosuppressant and (HPV). The most important risk factor by far is cumulative UV exposure, which is associated with up to 90 percent of all NMSCs⁵. Immunosuppressed populations in particular must remain extremely vigilant about lip cancer. Kidney transplant patients have a 30-fold increased risk due to use of immunosuppressive anti-rejection drugs.⁶ the most frequent age at presentation was between 60 and 69 years^{7,8,9}. Patients with xeroderma pigmentosum are highly susceptible to skin squamous cell carcinoma⁽¹⁰⁾. SCC most commonly occurs in the lower lip followed by the tongue and floor of mouth. It typically affects older men in their 50-90s. SCC of the lower lip grows slowly and metastasizes to submental and submandibular nodes. However, the SCC of the upper lip metastasizes early to regional nodes. A higher proportion of upper lip cancer in females compared to males; 60 percent of upper lip cancers occurred in females vs. 40 percent in males. About 70 percent of these upper lip cancers in women were BCCs. Across both sexes, BCCs accounted for 60 percent of upper lip cancers, compared to only nine percent of lower lip cancers¹¹. The prognosis and treatment of SCC depends on the histological grade of the lesion as well as the clinical staging (TNM classification), and the age of the patient. Treatment typically involves surgical resection with radiation therapy. 5-year survival rate is about 75%¹². The most commonly employed treatments include surgery, radiation, and cryotherapy (freezing with liquid nitrogen), with cure rates for early lesions nearing 100 percent. Lip cancer is best cured when it is diagnosed early⁽¹³⁾. The lip reconstruction requires a remarkable diligence for preserve, as much as possible, the shape and

functions of lip⁽¹⁴⁾. Many issues must be considered during treatment planning. These include the patient's age, the size and site of the tumor, the soft tissue defect and tissue laxity. The primary goals of reconstruction, the restoration of function and form, must always be taken into consideration as well⁽¹⁵⁾.

In Iraq patient SCC was the only cancer that has been effect the lower lip which is commonly preceded by solar keratosis. It diseases of male than female there are commonly outdoor workers mainly farmers. In a reported Iraqi study it has been found that Of 66 patients with squamous cell carcinoma of the lip, there were 51 men (77.3%) and 15 women (22.7%) , ranging in age from 15 to 90 years (mean 60.7 years) with the peak incidence at 60-70 years. Ulcer was the main presenting complaint. Lower lip was the commonest site in 61 patients (92.4%). Cervical lymph node metastases were found in 13 patients (19.7%) at the time of first presentation. Reconstruction of lip after excision was done by primary suture in 31 patients, by Estlander flap in 9 patients and by McGregor flap in 10 patients¹².

Discussion:

Iraq is from sunny climate countries and your population exposes to UVR most the year, so the risk of skin cancers increases with life-long accumulated UVB dose. However, SCC of lower lip are association with cumulative exposure and is more likely to occur on areas of body exposed to the sun such as the lower lip in addition to increased tobacco use (pipe smoking and chewing) and alcohol consumption , SCC of the lower lip which is commonly preceded by solar keratosis. It diseases of male than female there are commonly outdoor workers mainly farmers. BCC incidence has only a modest association with cumulative exposure and is more likely to occur on areas of body moderately exposed to the sun such as upper lip. Lip cancer is best cured when it is diagnosed early.



Fig-1: ulcerative SCC lower lip in Iraqi patient



Fig-2: BCC of upper lip in female Iraqi patient.

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